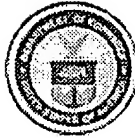




Bib Data Sheet


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**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A DIV OF 08/387,832 05/26/1995 6,240,307  
 WHICH IS A 371 OF PCT/US93/09015 09/23/1993  
 WHICH IS A CIP OF 07/950,448 09/23/1992 PAT 5,297,549  
 AND A CIP OF 07/949,690 09/23/1992 PAT 5,311,866

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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 \*\* 08/01/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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**TITLE**  
 Method for mapping potential distribution of a heart chamber

<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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